

**FEE FOR REQUEST**

The filing fee is calculated below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	TOTALS
Basic Fee	*****	*****	*****	*****	\$770.00
Total Claims	1	20	0	18.00	0.00
Independent Claims	1	3	0	84.00	0.00
<b>TOTAL FILING FEE</b>	*****	*****	*****	*****	\$770.00

The Commissioner is hereby authorized to charge the Request fee of \$ 770.00 to Deposit Account No. 04-500. A duplicate copy of this request is enclosed.

The Commissioner is also hereby authorized to charge any additional fees which may be required, or credit any over-payment to Deposit Account No. 04-500. A duplicate copy of this sheet is enclosed.

**INVENTORSHIP**

This application names as inventors the same inventors as previously designated for the claims.